

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

	CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1					
20						
21						
22	1					
23	1					
24						
25	1					
26	1					
27	<del>1</del>	<del>1</del>				
28						
29	<del>1</del>	<del>1</del>				
30	1					
31	1					
32						
33	1					
34						
35	1					
36						
37	1					
38	1					
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	0					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						